

In The United States District Court
#2376

For The Southern District OF Illinois

Keith Allen - MA1830,

Plaintiff,

v.

Wexford Health Sources, Inc., et al.

Defendants.

SCANNED at MENARD and E-mailed
12/19/25 by 720 144 pages
Date Initials No.

Case No. 23-cv-3775 -DWD

Honorable Judge: David W. Oungan.

Include

Supplemental Filing To ~~Include~~ Attached Exhibits Necessary To Fulfill N. Florence's Production of Documents Discovery Request to Go Along With Plaintiff's Response Motion To Deny - Defendant Nicholas Florence, M.D.'s Motion To Deny Requests To Admit Admitted Pursuant To Rule 36(a)(3)."

This plaintiff, Keith Allen - MA1830, prose, files the above mentioned motion, to include the attached exhibit documents to be included with fulfilling N. Florence's Discovery Production of Documents Request, and states as follows:

1.) Plaintiff is filing this supplement Filing to include the enclosed attached exhibits necessary to supply the documents to fulfill N. Florence's Discovery Production of Documents request that plaintiff attached as an exhibit to his previously filed motion titled: "Plaintiff's Response Motion To Deny - Defendant Nicholas Florence, M.D.'s Motion To Deny Requests To Admit Admitted Pursuant To Rule 36(a)(3)", filed on 12/16/25 via E-File consisting of 51 pages to the District Court of The Southern District of Illinois, because due to Menard Correctional Center's policy of only being able to E-File more more than 150 pages at a time, he had to send these attached documents in this separate filed motion as a supplemental filing to the initial motion in order to have it E-Filed, or else plaintiff would have had to send the Motion via U.S. Postal Service. (See Exhibit # 1 attached)

2.) In response to Plaintiff's Response to N. Florence's Production of Documents Discovery Request, Plaintiff is filing 70 pages of documents, both side copies, totaling 140 pages of medical records total to be attached to plaintiff's -
page (1) of (3)

- Response to N. Florence's Production of Documents Motion, to be supplemented to his previous motion filed on 12/16/25 titled: "Plaintiff's Response Motion To Deny-Defendant Nicholas Florence, M.D.'s Motion titled: "Requests To Admit Admitted Pursuant To Rule 36 (a)(3)".

3.) As previously stated, Defendant - N. Florence already has in his possession all the documents plaintiff has in his possession, at this moment which consists of the verified complaint and the 450 or so exhibits attached thereto, and all the documents N. Florence's attorney received in discovery requests in support and preparation that he obtained and sent plaintiff when he filed the partial summary judgment motion for failure to exhaust administrative remedies and motion to dismiss, until plaintiff receives the requests for documents subpoenas he sent certified mail to the Litigation Coordinator, Southern Illinois Healthcare, Brain and Spine Institute, Medical Records officer Supervisor, The Orthopedic Institute of Southern Illinois, for medical records on 11/25/25, and plaintiff as to date have not received a response, nor any of the requested subpoenaed medical requested records yet, but plaintiff will be able to provide a copy to defendant when received.

Keith Allen - M21830
Menard Correctional Center
P.O. Box 1000
Menard, IL 62259

Respectfully Submitted,

Keith Allen - M21830

By: Keith Allen
Pro Se - Plaintiff

"Certificate of Service"

I, Keith Allen - M21830, hereby certify that on 12/17/25, I caused the foregoing to be served on defendant via ~~Menard~~ Menard Correctional Center's Institutional mail, sent to Law Library Clerk staff, of the motion titled: "Supplemental Filing To Include Attached Exhibits Necessary To Fulfill N. Florence's Production of Documents Discovery Request to Go Along With Plaintiff's Response Motion To Deny-Defendant Nicholas Florence, M.D.'s Motion To Deny Requests To Admit Admitted Pursuant To Rule 36 (a)(3)", along with attached Exhibit #1, and 140 pages of medical records, to be

- E-Filed to, The Clerk of The Court, United States District Court, 750 Missouri Ave., East St. Louis, IL, 62201.

Respectfully Submitted,

Keith Allen - m21830
Menard Correctional Center
P.O. Box 1000
Menard, IL 62259

/s/ Keith Allen
Plaintiff - Pro Se, Keith Allen - m21830

Sent To: Via E-File

Clerk of Court
United States District Court
750 Missouri Ave.
East St. Louis, IL 62201



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
prisoner.esl@ilsd.uscourts.gov

ELECTRONIC FILING COVER SHEET

Please complete this form and include it when submitting any type of document, letter, pleading, etc. to the U.S. District Court for the Southern District of Illinois for review and filing.

Allen Keith
Name

121830
ID Number

Please answer questions as thoroughly as possible and circle yes or no where indicated.

1. Is this a new civil rights complaint or habeas corpus petition? Yes or No

If this is a habeas case, please circle the related statute: 28 U.S.C. 2241 or 28 U.S.C. 2254

2. Is this an Amended Complaint or an Amended Habeas Petition? Yes or No

If yes, please list case number: _____

If yes, but you do not know the case number mark here: _____

3. Should this document be filed in a pending case? Yes or No

If yes, please list case number: 23-CU-3775-DWD

If yes, but you do not know the case number mark here: _____

4. Please list the total number of pages being transmitted: 144

5. If multiple documents, please identify each document and the number of pages for each document. For example: Motion to Proceed In Forma Pauperis, 6 pages; Complaint, 28 pages.

Name of Document

Sup. Filing
Exhibits

Number of Pages

3
141

Please note that discovery requests and responses are NOT to be filed, and should be forwarded to the attorney(s) of record. Discovery materials sent to the Court will be returned unfiled.

LIBRARY R

S11

Date: 12/10/25

Seat#

Name: Keith Allen

ID# 1121830

Cell# 10-20

Case Law Request

1.

2.

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DEC 10 2025

Copy Order

1.

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Exceeds 150 pg
E-File limit.

Send to court via
regular legal mail.

E-Filing Request

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Comments/Miscellaneous

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Completed date:



Certification of Service

SECTION I: Certification of Service Information (Completed by Wexford Health Sources)

Individuals Name: Allen, Keith

Inmate Number: M21830 DOB: 6/4/88

Consultant's Name: OISI

Service Approved: Ortho F/U

Date of Service: 9/27/22

Reference Number: 26706742

Correctional Facility: Menard Correctional Center, 711 Kaskaskia Street, Menard, IL 62259

Medical Director and Phone Number: Dr. Glen Babich (618)-826-5071

Contact Person And Phone Number: Lenzi Miles - Medical Furlough Clerk (618)-826-5071 ext. 2467 FAX #: (618)-826-1746

SECTION II: Instructions for Consultant's Office

1. If the service to be provided is different than stated above, please call the Utilization Management Department at 1-877-WEX-AUTH (877-939-2884) or 1-800-353-8384.
2. **IMPORTANT:** Attach this Certification of Service Form to the claim and send to the appropriate address for processing (see below). All invoices must include the reference number.

NOTE: Any services rendered at this visit which have not been previously certified for approval as noted on this form may not be eligible for reimbursement.

FLORIDA:

Wexford Health Sources, Inc.
Claims Department
P.O. Box 16268
Pittsburgh, PA 15242-0268

MARYLAND:

Wexford Health Sources, Inc.
Claims Department
P.O. Box 16471
Pittsburgh, PA 15242-0771

ALL OTHER CLIENT CLAIMS:

Wexford Health Sources, Inc.
Claims Department
P.O. Box 16218
Pittsburgh, PA 15242-0218

3. Please forward all consultant and procedure notes, lab and x-rays results that are completed to the medical department of the correctional facility.

In no event shall Wexford Health Sources, Inc. be responsible for the provision of or payment for medical services provided to the above named inmate after such time as the inmate has been released from the custody of the department of corrections.

#2382

ILLINOIS DEPARTMENT OF CORRECTIONS
Health Status Transfer Summary

Transferring Facility:

Menard Correctional Center

Individual in Custody Information:

Allen

Last Name

Keith

First Name

MI

ID#: M21830

Date:

9/18/22

Time:

900

AM ☐ PM ☐Transfer Screening (completed by transferring facility health care staff): ☐ HIV Test & Counseling Offered (only transfers to ATC, parish, release or discharge)

Allergies:

NKA

Food Handler Approved: ☒

Current / Acute Conditions / Problems:

0

Chronic Conditions / Problems:

psych hx

Current Medications (name, dosage, frequency, and duration):

Acute Short-term:

0

Chronic Long-term:

0

Chronic Psychotropic:

Cymbalta 30mg po QHS

Current Treatments:

12

Therapeutic Diets:

Regular

COVID 3.11.21 - 4.8.21

Follow-Up Care:

RHC prn

Chronic Clinics:

0

Specialty Referrals:

Ortho

Significant Medical History:

0

Physical Disabilities / Limitations:

0

Assistive Devices / Prosthetics:

0

Mental Health Issues: ☐ Hx Suicide Attempt Date:☐ Hx Psych Med☐ Hx MPC / STC

Substance Abuse:

☐ Alcohol☒ Drugs

L. Gregson, RN

J. Hagan, MD

9/18/22

Reception Screening (completed by receiving facility health care staff):

Facility:

Date:

Time:

☐ a.m.☐ p.m.

Subjective:

Current Complaint:

Current Medications/Treatment:

Objective:

Physical Appearance/Behavior:

Observations: Acute/Chronic:

T:

P:

R:

BP:

Plan: Disposition:

☐ Health Information Given☐ Emergency Referral:☐ Sick Call: Urgent / Routine☐ Medication Evaluation☐ Therapeutic Diet☐ Special Housing☐ Chronic Clinics☐ Work / Program Limitation☐ Specialty Referrals☐ Other (specify):☐ Inpatient Placement:☐ Other (specify):

Printed Name and Title

Signature

Date

☐ For Adult Transition Center transfer ☐ For Electronic Detention/Monitoring:

Mental Health Professional Signature and Title

Date

☐ Approved☐ Denied

Health Care Staff Signature and Title

Date

☐ Approved☐ Denied

Distribution: Individual in Custody's Medical Record
Transferring Facility
Receiving Facility

Printed on Recycled Paper

DOC 0090 (Rev 8/2021)

Keith Allen 000275

3rd
Fl HCU

*BEGIN USING FROM BOTTOM UP

W109

State of Illinois
Dept. of Corrections

PRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient ALLEN, KEITH Reg. # M21830 Date: 02/27/22

Problem: NKDA

ORDER: (Physician's Signature After Last Order)

D/C Cymbalta
Start Cymbalta 90mg PO QHS x 6 months

DEA/Illinois Lic. #

Physician (Print) Robert Glenn

☒ May Substitute

☐ May Not Substitute

DCA 7000
L 429-1417

Noted by: [Signature]

Date: 3/1/23

M.D.
M.D.

State of Illinois
Dept. of Corrections

PRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient _____ Reg. # _____ Date: _____

Problem: _____

ORDER: (Physician's Signature After Last Order)

DEA/Illinois Lic. #

Physician (Print) _____

☐ May Substitute

☐ May Not Substitute

DCA 7000
L 429-1417

Noted by: _____

Date: _____

M.D.
M.D.

State of Illinois
Dept. of Corrections

PRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient _____ Reg. # _____ Date: _____

Problem: _____

ORDER: (Physician's Signature After Last Order)

DEA/Illinois Lic. #

Physician (Print) _____

☐ May Substitute

☐ May Not Substitute

DCA 7000
L 429-1417

Noted by: _____

Date: _____

M.D.
M.D.

MEDICATION ADMINISTRATION RECORD

[illegible]

FROM
6188261/46

(THU) SEP 28 2023 11:32/ST. 11:31/No. 7531758438 P 2
09:39:47 09-28-2023 2/2



'URGENT' Request for Release of Hospital Records

Inmate name: Allen, Keith Inmate number: M21830
Hospital: OISI Dates of service: 8.3.23
Correctional facility: Menard Correctional Center 711 Kaskaskia Street
Menard, Illinois 62269 Fax number: 630-645-3721 or 618-826-
Contact name: H. Rodgers Phone number: 618-826-5071 ext 2468
Prison PCP: Dr. Glen Babich Date of birth: 6.4.1988

Requested information:

- ☒ All hospital records from above date
☐ History and physical
☐ Lab reports: _____
☐ Imaging studies: _____
☐ Progress notes
☐ Consultant notes: _____
☐ Operative reports: _____
☐ Discharge summary

****Please fax the requested information to the fax number listed above today.****

The requested information is required immediately for the ongoing evaluation and treatment of the referenced patient. Your urgent attention to this matter is appreciated.

Please call the contact listed above for any questions

Attempt 1: Date: 8.4.23 Time: _____ Initials: HR
Attempt 2: Date: 9.28 Time: _____ Initials: HR
Attempt 3: Date: _____ Time: _____ Initials: _____

April 8, 2016

FROM

0106201/10

(THU) SEP 28 2023 11:32/ST. 11:31/No. 7531758438 P 1

09-29-23

09-28-2023

1/1

m21830

FACSIMILE COVER SHEETDATE: 8.4.23# PAGES (including cover page): 2TO: 0151FROM: Menard Correctional Center
711 Kaskaskia StreetPHONE: —Menard, Illinois 62259FAX: 618-993-8188PHONE: 618-826-5071 Ext. 24108FAX: 630-645-3721 or 618-826-1746CONTACT: Hannah**CONFIDENTIAL**☒ URGENT ☐ FOR YOUR REVIEW ☒ REPLY ASAP ☐ PLEASE COMMENT*Please See Attached records request *For Continuation of Care*Please Send to below fax number ******PLEASE SEND RESPONSES TO 630-645-3721*****

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us at the above address via U.S. Postal Service. Thank you

File 09/28/23

Offender	Offender Status	Movement Date	Movement Type	Origin	Destination	Gate Violator	Parent Institution	Discharge Date
M21830 ALLEN, KEITH	IN CUSTODY	11/8/2023 12:06	LOCATION CHANGE	MENARD R&C	MENARD	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	11/12/2023 11:23	LOCATION CHANGE	MENARD	MENARD R&C	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	8/3/2023 10:15	FURLOUGH RETURN	FURLOUGH	MENARD	No	MENARD	
M21830 ALLEN, KEITH	MEDICAL FURLOUGH	8/3/2023 6:39	MEDICAL FURLOUGH OUT	MENARD	FURLOUGH	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	3/28/2023 9:50	FURLOUGH RETURN	FURLOUGH	MENARD	No	MENARD	
M21830 ALLEN, KEITH	MEDICAL FURLOUGH	3/28/2023 6:20	MEDICAL FURLOUGH OUT	MENARD	FURLOUGH	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	3/3/2023 15:20	FURLOUGH RETURN	FURLOUGH	MENARD	No	MENARD	
M21830 ALLEN, KEITH	MEDICAL FURLOUGH	3/3/2023 6:50	MEDICAL FURLOUGH OUT	MENARD	FURLOUGH	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	2/17/2023 9:13	LOCATION CHANGE	MENARD R&C	MENARD	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	2/7/2023 9:15	LOCATION CHANGE	MENARD	MENARD R&C	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	2/3/2023 9:50	FURLOUGH RETURN	FURLOUGH	MENARD	No	MENARD	
M21830 ALLEN, KEITH	MEDICAL FURLOUGH	2/3/2023 6:10	MEDICAL FURLOUGH OUT	MENARD	FURLOUGH	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	11/15/2022 11:00	FURLOUGH RETURN	FURLOUGH	MENARD	No	MENARD	
M21830 ALLEN, KEITH	MEDICAL FURLOUGH	11/15/2022 7:21	MEDICAL FURLOUGH OUT	MENARD	FURLOUGH	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	9/27/2022 13:50	FURLOUGH RETURN	FURLOUGH	MENARD	No	MENARD	
M21830 ALLEN, KEITH	MEDICAL FURLOUGH	9/27/2022 8:56	MEDICAL FURLOUGH OUT	MENARD	FURLOUGH	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	6/17/2022 17:30	FURLOUGH RETURN	FURLOUGH	MENARD	No	MENARD	
M21830 ALLEN, KEITH	MEDICAL FURLOUGH	6/17/2022 13:37	MEDICAL FURLOUGH OUT	MENARD	FURLOUGH	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	2/8/2022 11:45	FURLOUGH RETURN	FURLOUGH	MENARD	No	MENARD	
M21830 ALLEN, KEITH	MEDICAL FURLOUGH	2/8/2022 7:25	MEDICAL FURLOUGH OUT	MENARD	FURLOUGH	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	4/5/2017 12:08	TRANSFER IN	TRANSPORTATION	MENARD	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	4/5/2017 9:50	TRANSFER OUT	PONTIAC	MENARD	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	4/1/2016 14:29	TRANSFER IN	TRANSPORTATION	PONTIAC	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	4/1/2016 12:48	TRANSFER OUT	STATEVILLE	PONTIAC	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	6/10/2014 13:20	LOCATION CHANGE	NORTHERN R&C	STATEVILLE	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	6/4/2014 16:00	TRANSFER IN	TRANSPORTATION	NORTHERN R&C	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	6/4/2014 14:36	TRANSFER OUT	PONTIAC	STATEVILLE	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	3/14/2013 14:06	TRANSFER IN	TRANSPORTATION	PONTIAC	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	8/14/2013 6:50	TRANSFER OUT	MENARD	PONTIAC	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	9/18/2011 18:21	WRIT RETURN	COURT	MENARD	No	MENARD	
M21830 ALLEN, KEITH	WRIT	9/13/2011 7:47	WRIT OUT	NORTHERN R&C	COURT	No	MENARD	
M21830 ALLEN, KEITH	TEMP RESIDENT	9/7/2011 17:10	TEMPORARY IN	TRANSPORTATION	NORTHERN R&C	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	9/7/2011 6:15	WRIT OUT	MENARD	STATEVILLE	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	7/13/2011 17:35	TRANSFER IN	TRANSPORTATION	MENARD	No	MENARD	
M21830 ALLEN, KEITH	RECEPTION	7/13/2011 8:00	TRANSFER OUT	NORTHERN R&C	MENARD	No	MENARD	
M21830 ALLEN, KEITH	RECEPTION	6/16/2011 10:26	ADMIT IN	ADMISSION	NORTHERN R&C	No	MENARD	

#2388

Date: 2/26/2024

Menard Correctional Center

Page 1

Time: 9:25am

Trust Fund

d_list_inmate_trans_statement_composite

Inmate Transaction Statement

REPORT CRITERIA - Date: 08/01/2021 thru 02/26/2024; Inmate: M21830; Active Status Only ? : No; Print Restrictions ? : Yes; Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print Balance Errors Only ? : No; Statewide ? : No

Inmate: M21830 Allen, Keith

Housing Unit: MEN-W -03-23

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							409.03
08/05/21	Payroll	20 Payroll Adjustment	2171226		P/R month of 7 2021	13.00	422.03
08/07/21	Mail Room	10 Western Union	219200	8237964560	Johnson, Bobbie Jeane	40.00	462.03
08/09/21	Point of Sale	60 Commissary	2217286	1518982	Commissary	-153.38	308.65
08/16/21	Disbursements	88 1 year profile renewal	2283113	Chk #193969	88289243, Penacon, Inv. Date: 08/13/2021	-25.00	283.65
08/17/21	Mail Room	10 Western Union	229200	5388305853	Allen, Kevin	300.00	583.65
08/18/21	Point of Sale	60 Commissary	2307286	1520849	Commissary	-42.95	540.70
08/19/21	Disbursements	80 Postage	2313207	Chk #194241	749431, Pitney Bowes, Inv. Date: 08/13/2021	-.51	540.19
08/26/21	Mail Room	10 Western Union	238200	0024089508	Strong, Crystal	50.00	590.19
08/31/21	Disbursements	84 Library	2433113	Chk #194666	750120, DOC: 523 Fun, Inv. Date: 08/24/2021	-9.90	580.29
08/31/21	Disbursements	80 Postage	2433113	Chk #194668	749972, Pitney Bowes, Inv. Date: 08/23/2021	-1.20	579.09
09/08/21	Mail Room	10 Western Union	251200	1757907552	Johnson, Bobbie Jeane	40.00	619.09
09/08/21	Payroll	20 Payroll Adjustment	2511226		P/R month of 8 2021	5.72	624.81
09/10/21	Mail Room	10 Western Union	253200	7569227754	Smith, Darren	50.00	674.81
09/13/21	Point of Sale	60 Commissary	2567214	1523566	Commissary	-14.00	660.81
09/15/21	Disbursements	84 Library	2583113	Chk #195723	752281, DOC: 523 Fun, Inv. Date: 09/13/2021	-13.40	647.41
09/15/21	Disbursements	80 Postage	2583113	Chk #195728	752403, Pitney Bowes, Inv. Date: 09/13/2021	-1.06	646.35
09/17/21	Mail Room	01 MO/Checks (Not Held)	2602207	404442776202	US Treasury	1,400.00	2,046.35
09/22/21	Disbursements	88 lawyer fees	2653113	Chk #196024	88291294, Coker, Kri, Inv. Date: 09/21/2021	-1,600.00	446.35
10/06/21	Payroll	20 Payroll Adjustment	2791226		P/R month of 9 2021	3.08	449.43
10/07/21	Point of Sale	60 Commissary	2807307	1525185	Commissary	-29.30	420.13
10/08/21	Mail Room	10 Western Union	281200	5793350683	Johnson, Bobbie Jeane	40.00	460.13
10/15/21	Disbursements	84 Library	2883113	Chk #197437	755555, DOC: 523 Fun, Inv. Date: 10/13/2021	-2.00	458.13
10/15/21	Point of Sale	60 Commissary	2887311	1526142	Commissary	-81.00	377.13
10/29/21	Disbursements	84 Library	3023113	Chk #198190	756081, DOC: 523 Fun, Inv. Date: 10/19/2021	-9.20	367.93
10/29/21	Disbursements	80 Postage	3023113	Chk #198194	755959, Pitney Bowes, Inv. Date: 10/18/2021	-1.56	366.37
10/29/21	Disbursements	80 Postage	3023113	Chk #198194	756590, Pitney Bowes, Inv. Date: 10/26/2021	-.20	366.17
11/05/21	Payroll	20 Payroll Adjustment	3091226		P/R month of 10 2021	7.48	373.65
11/08/21	Disbursements	80 Postage	3123113	Chk #198643	756992, Pitney Bowes, Inv. Date: 11/01/2021	-1.67	371.98
11/08/21	Disbursements	81 Legal Postage	3123113	Chk #198649	756714, DOC: 523 Fun, Inv. Date: 10/28/2021	-1.36	370.62
11/08/21	Disbursements	81 Legal Postage	3123113	Chk #198649	757017, DOC: 523 Fun, Inv. Date: 11/02/2021	-1.20	369.42
11/09/21	Disbursements	88 gifts b-day	3133113	Chk #198707	88293833, Time Zone, Inv. Date: 11/09/2021	-84.99	284.43
11/12/21	Mail Room	10 Western Union	316200	7007940790	Johnson, Bobbie Jeane	40.00	324.43
11/17/21	Point of Sale	60 Commissary	3217214	1528777	Commissary	-95.16	229.27
11/19/21	Disbursements	84 Library	3233113	Chk #199340	757790, DOC: 523 Fun, Inv. Date: 11/10/2021	-10.30	218.97
11/19/21	Disbursements	81 Legal Postage	3233113	Chk #199344	758187, DOC: 523 Fun, Inv. Date: 11/16/2021	-16.50	202.47
12/07/21	Mail Room	10 Western Union	341200	1900291922	Johnson, Bobbie Jeane	40.00	242.47

Clinic Location: Menard Correctional Center
711 Kaskaskia Street, Menard, IL 62259

Appointment Date: April 8, 2021

Cell Location: E 10-02

Moderna ☒ Johnson & Johnson ☐

LOT # 033021A

Offender ID #: m21830

COVID 19 VACCINE Registration and consent form

First Name: KEITH Last Name: FULLEN MI: _____

Street: 711 Kaskaskia Street City: Menard State: IL Zip: 62259

Phone number: (618) 826-5071 Birthdate: 4/4/88 Age: 32 Gender: M

Primary Care Physician: Menard CC

Are you experiencing any symptoms of the COVID-19 Virus? Yes ☐ No ☒

Have you ever received a dose of the COVID-19 vaccine? Yes ☒ No ☐

Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19? Yes ☐ No ☒

Do you have a history of allergic reaction or ever experienced a severe allergic reaction? Yes ☐ No ☒

Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19? Yes ☐ No ☒

Have you received another vaccine within the past 14 days? Yes ☐ No ☒

Do you have a bleeding disorder or are you taking a blood thinner? Yes ☐ No ☒

Are you receiving influenza antiviral medications? Yes ☐ No ☒

Are you pregnant or breastfeeding? Yes ☐ No ☒

I have received a copy of the COVID 19 Vaccine Information Statement (VIS/EUA) and have read or had it explained to me. I have had a chance to ask questions, which were answered to my satisfaction.

I understand the benefits and risks of the COVID 19 vaccine and request that the vaccine be given to me/or the person for whom I am authorized to make this request.

PATIENT SIGNATURE: Keith Fullen

*****For Nurse/Office use*****

Dose: 1:

☒ L ☒ R Deltoid Thigh IM 0.25 ml 0.50 ml Lot number: 033021A Exp: _____

Health Care Provider Signature: [Signature] Date: 4/8/21

Documented in I-Care: YES ☒ NO ☐

Initials: [Signature]

Clinic Location: Menard Correctional Center
711 Kaskaskia St, Menard, IL 62259

Moderna ☒ Pfizer ☐
Lot #: 038A21A

E 10-02

Appointment Date: 03/11/2021

m21830

COVID 19 VACCINE Registration and consent form

First Name: KEITH Last Name: ALLEN MI: _____

Street: MENARD City: NA State: IL Zip: NA

Phone number: NA Birthdate: 6-4-88 Age: 32 Gender: M

Primary Care Physician: MENARD

Are you experiencing any symptoms of the COVID-19 Virus? Yes ☐ No ☒

Have you ever received a dose of the COVID-19 vaccine? Yes ☐ No ☒

Have you had a positive test for COVID-19 or
has a doctor ever told you that you had COVID-19 Yes ☐ No ☒

Do you have a history of allergic reaction or ever experienced a severe allergic reaction? Yes ☐ No ☒

Have you received passive antibody therapy (monoclonal antibodies or convalescent
serum) as treatment for COVID-19? Yes ☐ No ☒

Have you received another vaccine within the past 14 days? Yes ☐ No ☒

Do you have a bleeding disorder or are you taking a blood thinner? Yes ☐ No ☒

Are you receiving influenza antiviral medications? Yes ☐ No ☒

Are you pregnant or breastfeeding? Yes ☐ No ☒

I have received a copy of the COVID 19 Vaccine Information Statement (VIS) and have read or had it
explained to me. I have had a chance to ask questions, which were answered to my satisfaction.

I understand the benefits and risks of the COVID 19 vaccine and request that the vaccine be given to
me/or the person for whom I am authorized to make this request.

PATIENT SIGNATURE: Keith Allen

*****For Nurse/Office use*****

Dose: 1:

B @ R ☒ Deltoid Thigh ☒ 0.25 ml ☒ 0.50 ml Lot number Exp:
Nurse Signature: [Signature] Date: 3-11-21

Documented in I-Card: YES ☒ NO ☐

Initials: KE

ILLINOIS DEPARTMENT OF CORRECTIONS
Health Status Transfer Summary

Transferring Facility:

Menard Correctional Center

Individual in Custody Information:

Allen

Keith

ID# M21830

Date: 3/20/23

Time: 12:05

☐ a.m. ☒ p.m.

Transfer Screening completed by transferring facility health care staff: ☐ HIV Test & Counseling Offered (only transfers to ATC, parole, release or discharge)

Allergies: NKDA

Food Handler Approved: ☒

Current / Acute Conditions / Problems:

Chronic Conditions / Problems: PSYCH

Current Medications (name, dosage, frequency, and duration):

Acute Short-term:

Chronic Long-term:

Chronic Psychotropic:

See Medication List

Current Treatments:

Therapeutic Diet:

Follow-Up Care:

Chronic Clinics:

Specialty Referrals:

Mental Health

Significant Medical History:

Physical Disabilities / Limitations:

Assisting Devices / Prosthetics:

Mental Health Services: ☐ Hx Suicide Attempt Date:

☐ Hx Psych Med

☐ Hx MFC / STC

Substance Abuse:

☐ Alcohol ☐ Drugs

Susan Burk RW

Susan Burk RW

6-20-23

Receiving Facility Screening completed by receiving facility health care staff:

Facility:

Subjective:

Current Complaint:

Current Medications/Treatment:

Objective:

Physical Appearance/Behavior:

Deformities: Acute/Chronic:

T: P: R: B/P: /

Date:

Time:

☐ a.m.
☐ p.m.

Assessment:

Plan: Disposition:

☐ Health Information Given

☐ Emergency Referral:

☐ Sick Call: Urgent / Routine

☐ Medication Evaluation

☐ Therapeutic Diet

☐ Special Housing

☐ Chronic Clinics

☐ Work / Program Limitation

☐ Specialty Referrals

☐ Other (specify):

☐ Inpatient Placement

☐ Other (specify):

☐ For Adult Transition Center transfers ☐ For Electronic Detention/Monitoring:

Mental Health Professional Signature and Title

Date

☐ Approved

☐ Denied

Health Care Staff Signature and Title

Date

☐ Approved

☐ Denied

Distribution: Individual in Custody's Medical Record
Transferring Facility
Receiving Facility

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DOC 0090 (Rev 9/2021)

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress Notes

Menard Correctional Center

Chemical Gas Exposure
(Pepper Spray and
Others)

Offender Information:

ALLEN

KEITH

ID#: MA1830

Last Name

First Name

MI

Date/Time	Subjective, Objective, Assessment	Plans
10-27-23 1715	S) - What were you exposed to? <u>Pepper spray</u>	P) Patient Teaching
	- Respiratory Distress? <u>Ø</u>	- Major discomfort should disappear within 10-20 minutes
	O) T <u>97.7</u> P <u>90</u> R <u>18</u> BP <u>128/90</u> WT <u>190</u>	- Avoid rubbing eyes, scratching skin, etc
	Respiratory Distress - Conscious	- Continue self administered cool water compresses/rinses, PRN if necessary or may shower
	- Clean face, eyes, nose, mouth with wet cloths soaked in fresh water. If on face wash with soap and water.	- Avoid the use of topical creams, as they may cause future burns
	- If coughing or any breathing problems, initiate oxygen by mask at 10-15 Liters/minute, call MD <u>Ø</u>	- Follow up in sick call if no improvement, or if symptoms worsen
	- If asthmatic, assess for exacerbation	
	- Suction oral pharyngeal area as necessary	
	Respiratory Distress - Unconscious	
	CALL 911	O: Cont/ Pt was sprayed by Security with Pepper spray
	- Keep supine, if breathing is adequate, insert airway and suction secretions	Pt washed eyes at eye
	- Oxygen by face mask at 10-15 L/min	Wash station in First-Aid
	- If no respirations, initiate mouth to mouth breathing via Ambu- bag - CALL 911	& then stated "I'm good"
	- Check carotid pulse; if absent, initiate cardiac compressions - CALL 911	- OK to send to North ²
	Skin/Eye Exposure	
	- Remove from area and contaminated clothing	
	- Wash skin with copious amount of water for 10 minutes	
	- Eyes can be flushed for 15 minutes (remove contacts)	
	- Oleoresin sprays are not water soluble so encourage blinking to encourage tears to flush the irritant off eyes	Nurse Signature <u>Rick Chudler</u>
	- Place into the wind	
	A) Chemical Agent Exposure	Payment voucher <u>YES</u> <u>NO</u>

Distribution: Offender's Medical Record

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DOC 0084 (Eff. 9/2002
(Replaces DC 7147)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Non-Specific Discomfort

Offender Information:

Allen

Last Name

Keith

First Name

ID#

M21830

Date/Time	Subjective, Objective, Assessment	Plans
11/30/23	S) - Any Allergies NKA	P) MD Referral
9:30am	- Location of pain / discomfort ② pinky	- Patient presents more than twice at NSC for c/o same discomfort within one month
	- Describe pain Stabbing Throbbing Constant Intermittent Etc.	- Patient presents with signs of acute, severe discomfort
	- Have you had this pain before and how was it treated SIR NO	- Patient has abnormal vital signs
	- Rate pain level scale of 1 - 10 SIR 7	
	- Duration of pain Since 11/27/23	No MD referral
	O) 9/8 R 16 BA 12/180 W 185	IBUPROFEN 200MG TAB 58109079 MENARD, STOCK 04/21/23 10/24/23 04/19/24
	- Signs of obvious discomfort ② 3/5 pain/discomfort noted @ this time	- Acetaminophen 325 mg, 1 - 2 tablets t.i.d. PRN X 3 days (18 tablets)
	- Observations related to body part affected Slight swelling to ↑ pinky, & wheezing movement, able to make a fist & diff. leg will use. & warm to touch.	- Ibuprofen 200mg 1-2 tabs t.i.d. PRN for 3 days (18 tabs)
		Patient Teaching
		- Return to see provider if symptoms worsen or interfere with daily functioning
		Nurse Signature <i>Chant</i>
	A) Non-Specific Discomfort	Payment voucher YES NO

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen	Kath		ID#: M21830
Last Name	First Name	MI	

[illegible]

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(Replaces DC 7147)

M

ID#:

Allen v. Hunter (23-3775) Bates Document No.: 000386

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:
 Allen Keith MI ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
11/17/24 7:00p	<p>CNA Note</p> <p>→ Patient Scheduled on telepsych vitals</p> <p>Bp-118/70 P-74</p> <p>Wt-185, R-116</p> <p>T-97.1 02-998</p> <p>Apfel</p>	<p>Decpm, USC, PRN</p> <p>Notified Dr. Bleunt</p> <p>S</p> <p>L.O. Apfel</p>

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(Replaces DC 7147))

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen

Last Name

Heith

First Name

MI

ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
9.28.23 12:47pm	Med Furlough Clerk Note:	
	S.) Ø	P.) Notify and give a provider the report from from date of service.
	O.) Received report from OISI date of service 8.3.23	H. P. Med Furlough Clerk
	A.) Med Furlough report	
2/25/24	NP NOTE 3: Rec/Rev.	P: FIUPRN
JR	OISI visit 8/23	
9:25 AM	O: RE (Release) visit	
	doing well. follow up as needed	not scheduled NR

Distribution: Offender's Medical Record

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DOC 0084 (Eff. 9/2002
(Replaces DC 7147))

BEGIN USING FROM BOTTOM UP

ILLINOIS DEPARTMENT OF CORRECTIONS
Prescription Order
Chart Copy (Not a prescription)

Offender: _____ ID #: _____ Date: _____
Allergies: NKDA Facility: _____ Cell #: W323
ORDER: (Physician's Signature After Last Order)

DEA/Illinois Lic. #: _____ Physician (Print): _____
☒ May Substitute: _____ M.D.
☐ May Not Substitute: _____ M.D.
Noted by: _____ Date: _____
DOC 0559 (ER, 8/2019)
Replaces DCA 7000

ILLINOIS DEPARTMENT OF CORRECTIONS
Prescription Order
Chart Copy (Not a prescription)

Offender: _____ ID #: _____ Date: _____
Allergies: NKDA Facility: _____ Cell #: _____
ORDER: (Physician's Signature After Last Order)

DEA/Illinois Lic. #: _____ Physician (Print): _____
☒ May Substitute: _____ M.D.
☐ May Not Substitute: _____ M.D.
Noted by: _____ Date: _____
DOC 0559 (ER, 8/2019)
Replaces DCA 7000

ILLINOIS DEPARTMENT OF CORRECTIONS
Prescription Order
Chart Copy (Not a prescription)

Offender: Allen, Keith ID #: M21830 Date: 1-18-24
Allergies: NKDA Facility: Menard Cell #: _____
ORDER: (Physician's Signature After Last Order)

start trazodone 50mg po qhs x 90 days DOT
start buspar 10mg po bid x 90 days DOT
(Provider is aware of possible drug interactions; please dispense)

DEA/Illinois Lic. #: BB6137788/1003912601 Physician (Print): Morris A. Blount, Jr., M.D.
☒ May Substitute: Morris A. Blount, Jr., M.D. M.D.
☐ May Not Substitute: _____ M.D.
Noted by: C. Hunter Date: 1-19-24
DOC 0559 (ER, 8/2019)
Replaces DCA 7000

ILLINOIS DEPARTMENT OF CORRECTIONS
Covid-19 Rapid Test Result ReportMCC

Facility

Offender Name: Allen, Keith ID# MZ1830
(Print Name)
Date of Test: 4/2/23 Time of Test: 9AM
Lot Number: 2010033 Expiration Date: _____

COVID-19 Rapid Test Administered by:

Khendra Crain/CNA
Print Name/TitleRenee Crain/CNA
Signature/Title

Results of COVID-19 Rapid Test:



Positive



Negative

Medical Provider Notified: _____ Yes _____ No

If no, Reason: _____

Medical Provider Signature_____
Date

*BEGIN USING FROM BOTTOM UP

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient

Reg #

Date:

Problem

ORDER: (Physician's Signature After Last Order)

DEA/Illinois Lic. #

☐ May Substitute☐ May Not Substitute

Physician (Print)

M.D.

M.D.

OCA 7000
IL 426-1417

Noted by:

Date:

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient

Reg #

Date:

Problem

ORDER: (Physician's Signature After Last Order)

DEA/Illinois Lic. #

☐ May Substitute☐ May Not Substitute

Physician (Print)

M.D.

M.D.

OCA 7000
IL 426-1417

Noted by:

Date:

Menard CC

NKDA

W 109

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient

Reg #

Date:

Problem

ORDER: (Physician's Signature After Last Order)

Discontinue Cymbalta 90 mg PO qd
Start Cymbalta 60 mg PO QHS x 4 days.

Start Cymbalta 30 mg PO QHS x 3 days, then discontinue

DEA/Illinois Lic. #

☐ May Substitute☐ May Not Substitute

Physician (Print)

M.D.

M.D.

OCA 7000
IL 426-1417

Noted by:

Date:

*BEGIN USING FROM BOTTOM UP

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient _____ Reg. # _____ Date: _____

Problem _____

ORDER: (Physician's Signature After Last Order) _____

DEA/Illinois Lic. # _____ Physician (Print) _____

☐ May Substitute _____ M.D.☐ May Not Substitute _____ M.D.DCA 7000
IL 426-1417

Noted by: _____ Date: _____

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient _____ Reg. # _____ Date: _____

Problem _____

ORDER: (Physician's Signature After Last Order) _____

DEA/Illinois Lic. # _____ Physician (Print) _____

☐ May Substitute _____ M.D.☐ May Not Substitute _____ M.D.DCA 7000
IL 426-1417

Noted by: _____ Date: _____

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)Patient Allen, Keith Reg. # MA1830 Date: 3/9/23

Problem _____

ORDER: (Physician's Signature After Last Order) Tylenol 325 12 tabs po TIDo PRN XLossAllen, Keith E. HunterDurgeson 600 po TIDo PRN XLossAllen, Keith E. HunterEA/Illinois Lic. # _____ Physician (Print) H. Deacon☐ May Substitute _____ M.D.☐ May Not Substitute _____ M.D. 3/9/23DCA 7000
IL 426-1417

Noted by: _____ Date: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
Health Status Transfer Summary

Transferring Facility: Menard Correctional Center		Individual in Custody Information: Last Name: <u>Allen</u> First Name: <u>Keith</u> MI: <u>M</u> ID: <u>M21830</u>	
Date: <u>7/27/23</u>	Time: <u>1235</u>	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Transfer Screening (completed by transferring facility health care staff): <input type="checkbox"/> HIV Test & Counseling Offered (only transfers to ATC, parole, release or discharge)			
Allergies: <u>NILDA</u>		Food Handler Approved: <u>YES</u>	
Current / Acute Conditions / Problems: <u>Bipolar, PTSD</u>			
Chronic Conditions / Problems:			
Current Medications (name, dosage, frequency, and duration):			
Acute Short-term:			
Chronic Long-term: <u>/ ameds</u>			
Chronic Psychotropic:			
Current Treatments:			
Therapeutic Diet: <u>Regular</u>			
Follow-Up Care: <u>RHC</u>			
Chronic Clinics:			
Specialty Referrals: <u>Mental Health</u>			
Significant Medical History:			
Physical Disabilities / Limitations:			
Assistive Devices / Prosthesis:			
Mental Health Issues: <input type="checkbox"/> Hx Suicide Attempt Date: <input type="checkbox"/> Hx Psych Med <input type="checkbox"/> Hx MPC / STC Substance Abuse: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs			
Signature: <u>Susan Kirk RN</u>		Signature: <u>Susan Dale M</u>	
Health Care Staff and Title		Date: <u>7-27-23</u>	
Reception Screening (completed by receiving facility health care staff):			
Facility:		Date: Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Subjective:		Assessment:	
Current Complaint:			
Current Medications/Treatment:			
Objective:		Plan: Disposition:	
Physical Appearance/Behavior:		<input type="checkbox"/> Health Information Given <input type="checkbox"/> Emergency Referral:	
Deformities: Acute/Chronic:		<input type="checkbox"/> Sick Call: Urgent / Routine	
T: P: R: B/P: /		<input type="checkbox"/> Medication Evaluation <input type="checkbox"/> Therapeutic Diet <input type="checkbox"/> Special Housing <input type="checkbox"/> Chronic Clinics	
		<input type="checkbox"/> Work / Program Limitation <input type="checkbox"/> Specialty Referrals <input type="checkbox"/> Other (specify):	
		<input type="checkbox"/> Infirmary Placement	
		<input type="checkbox"/> Other (specify):	
Printed Name and Title		Signature Date	
<input type="checkbox"/> For Adult Transition Center transfers <input type="checkbox"/> For Electronic Detention/Monitoring:			
Mental Health Professional Signature and Title		Date	
Health Care Staff Signature and Title		Date	
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	

Distribution: Individual in Custody's Medical Record
Transferring Facility
Receiving Facility

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DOC 0090 (Rev 8/2021)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

ALLEN

Last Name

KEITH

First Name

ID#: M21830

MI

Date/Time	Subjective, Objective, Assessment	Plans
6/28/2023 1240	PHYSICAL THERAPY REEVALUATION	P: D/C PT
	S: Patient reports his wrist is getting better. His hand is healing. He hasn't been doing any working out. His wrist/hand still cramps up some when he's washing his clothes or wring out his sheets. He has occasional numbness. Asks how much longer he will be having physical therapy. Also asks when he can start doing things like push-ups. Patient reports he is now able to write with his right hand.	
	O: <u>AROM:</u> (R) wrist flex = 65 degrees. Ext = 77 degrees.	
	<u>Strength:</u> (R) wrist and grip grossly 4+/5	
	<u>Treatment:</u> Patient utilized black digiflex (9#) for grip strengthening; completed wrist flex, ext, and radial/ulnar deviation with 1# wt; and completed finger ext strengthening with rubber band for resistance. Instructed patient in modification of push-ups, starting at wall and then progressing to bunk or sink, then property box, then floor. Patient performs push-ups this date at wall and high mat table, noting he can still feel a "knot" in his incision so he understands need for progression of push-ups and other activities.	
	A: Patient seen by skilled PT since 3/7/23 following (R) CTR on 3/3/23, with limited interventions since last reassessment on 5/10/23 due to lockdowns. Patient with increase of wrist flex ROM by 7 degrees since 5/10/23; wrist flex is only increased by 1 degree. He demonstrates 4+/5 strength at the wrist and hand. He is agreeable to discharge from skilled PT at this time with independent continuation of HEP.	<i>Saucer Hage A</i>

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DOC 0084 (Eff. 9/2002
(Replaces DC 7147))

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen

Last Name

Kenth

First Name

ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
25 May 23	PTA note	P) lot p P02
	b) pt. State some symptoms of work	
	o) not strength exercise (P)	
	hand & wrist	
	A) complete no new Rx	
6/7/23	PT NOTE	P: Recall
1830	9:01: Pt scheduled for A re-eval this	
	date. Not seen 2 ^o to Lock Down.	
	A: No Rx provided.	Cramer/Kage PT
6/8/23	PTA lot	
P02	S) PT	P) Recall
	Wrist down	ON
	A) Lock down	OR
6/14/23	PT NOTE	P: Recall
0910	9:10: Pt scheduled for A re-eval	
	this date. Not seen 2 ^o to Lock Down	
	A: No Rx Provided	Cramer/Kage PT

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Alken

Kent

ID#: M21836

Last Name

First Name _____

--	--

Date/Time	Subjective, Objective, Assessment	Plans
15 June 23 9:00	1) not S) pt u) not due A) let ch	c) Re DA nHe DZ
22 June 23 9:00	1) not due S) pt u) not due A) let ch	o) the OH DZ

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**DOC 0084 (Eff. 9/2002
(Replaces DC 7147))**

Date: 6.11.19
Time: 1130 ☒ a.m.
☐ p.m.

Offender Information: Allen Hunter ID#: _____
Race: ☐ White ☒ African American ☐ Asian American ☐ Hispanic ☐ Native American ☐ Other _____
Gender: ☒ Male ☐ Female Date of Birth: 6.4.88

Objective: System	Normal	ABN	Explanation:
Head, Neck, Face, & Scalp	/		
Nose and Sinuses	/		
Mouth and Throat	/		Oral Condition: Satisfactory
Ears	/		Drums: Normal/Grossly Intact: Hearing: R - <u>unl</u> L - <u>unl</u> Diminished: <u>unl</u>
Eyes	/		Pupils: <u>PERL</u> Accommodation: <u>Common</u> Fundoscopic: /
Lungs and Chest including Breast	/		Auscultation:
Heart	/		Rate: <u>PRR</u> Size: Rhythm: Murmurs:
Vascular	/		
Abdomen	/		Consistency: <u>Soft</u> Tenderness: <u>0</u> Masses: Scars:
Anus, Rectum (Prostate - 40+ Male Only)	<u>Refused</u>		Visual: <u>Refused</u> Guaiac +/- / R:
Genito-Urinary System	<u>Refused</u>		Digital:
Upper Extremities			Strength: <u>unl</u> ROM:
Lower Extremities			Strength: <u>unl</u> ROM:
Spine and Musculo-Skeletal			
Skin and Lymphatics			
Neurologic DTR's			Romberg: <u>unl</u> Biceps: Patella:
Mental Status			
Pelvis (Female Only)			Cervix: Vaginal Canal: Fundus: PAP: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> R

Assessment: Problem # Stroke
Myocardial infarction
Noted exam

Plan: (Check box as appropriate and complete plan)

Placement Consideration: ☐ Yes ☒ No

HR: ☐ Yes ☒ No

Food Handler Status:

Examiner Signature: Christina Sunday FARE Christina Sunday FARE 6.11.19
Print Name Signature Date

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:			
Allen	Keith	M21830	ID#:
_____ Last Name	_____ First Name	_____ MI	_____

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Menard Correctional_____Center

Allen

Keith

M21830

ID#:

Last Name

First Name

M

Date/Time

Subjective, Objective, Assessment

Plans

5/15/23
1:04 pm

Med Furlough Clerk Note:

S.)

P.) Complete med furlough notification for Angela Crain approval/signature. Copies provided to Record office, scanned and emailed via institutional email to staff assigned to med furlough contact list.

O.) Scheduled individual in custody for a Post Op F/U.
Auth: 517035551

T. Klein
Med Furlough Clerk

A.) Med Furlough appointment

*BEGIN USING FROM BOTTOM UP

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient _____ Reg. # _____ Date: _____

Problem _____

ORDER: (Physician's Signature After Last Order) _____

DEA/Illinois Lic. # _____ Physician (Print) _____

☐ May Substitute _____ M.D.☐ May Not Substitute _____ M.D.DCA 7000
IL 426-1417

Noted by: _____ Date: _____

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)Patient Allen Keith Reg. # M21830 Date: 3/3/23

Problem _____

ORDER: (Physician's Signature After Last Order) _____

Hydrocodone 5mg 2 tabs Q8H PRN
Medi 400mg 1 tab Q8H PRN

DEA/Illinois Lic. # _____ Physician (Print) _____

☐ May Substitute _____ M.D.☐ May Not Substitute _____ M.D.DCA 7000
IL 426-1417Noted by: Allen Keith Date: 3/3/23State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)Patient Allen Keith Reg. # M21830 Date: 3/2/23

Problem _____

ORDER: (Physician's Signature After Last Order) Tranex 50x 12 tabs PO every 4-6 hrs.PRN X 24 hrs
Then change to Tranex 50x 1 tab Q4H PO X 5 DAYSDEA/Illinois Lic. # _____ Physician (Print) H. Deamond☐ May Substitute _____ M.D.☐ May Not Substitute _____ M.D.DCA 7000
IL 426-1417Noted by: Allen Keith Date: 3/3/23

*BEGIN USING FROM BOTTOM UP

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient _____ Reg. # _____ Date: _____

Problem _____

ORDER: (Physician's Signature After Last Order) _____

DEA/Illinois Lic. # _____ Physician (Print) _____

☐ May Substitute _____ M.D.☐ May Not Substitute _____ M.D.DCA 7000
IL 426-1417

Noted by: _____ Date: _____

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient _____ Reg. # _____ Date: _____

Problem _____

ORDER: (Physician's Signature After Last Order) _____

DEA/Illinois Lic. # _____ Physician (Print) _____

☐ May Substitute _____ M.D.☐ May Not Substitute _____ M.D.DCA 7000
IL 426-1417

Noted by: _____ Date: _____

NKDA

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)Patient Allen, Keith Reg. # M21830 Date: 3/21/23Problem Per ortho for Scar massage

ORDER: (Physician's Signature After Last Order) _____

Vaseline to area of surgical incision
massage daily to reduce scarringDEA/Illinois Lic. # 218 only Physician (Print) Dr. [Signature]☐ May Substitute See [Signature] M.D.☐ May Not Substitute See [Signature] M.D.DCA 7000
IL 426-1417Noted by: [Signature] Date: [Signature]

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information: Allen Keith MI ID#: M21830
Last Name First Name MI

Date/Time	Subjective, Objective, Assessment	Plans
10/3/22	Med Furlough Clerk Note:	
12:48 pm	S.) Ø	P.) Notify and give a provider the report from from date of service.
	O.) Received report from OISI date of service 9/27/22	M. Miles M. Miles Med Furlough Clerk
	A.) Med Furlough report	
10/4/22	Nervous	p. Returnal plans for
1:40 pm	SHI. Received & Reviewed med furlough report today from 9/27/22 Seen OISE - seen for numbness & tingling mostly in thumbs, index, long, ring Something in Sm. finger - recommend 2 motilid - metoprolol given for Dig PRN. Recommend PT & to wear FA wrist brace HS.	2 motilid @ OISE
f		

A: me also with report reviewed

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen	Keith	MI	ID#: m2630
Last Name	First Name		

Date/Time	Subjective, Objective, Assessment	Plans
9/21/22	NP Note	P: New referral placed today.
44561	S/O: Individual in custody not able to have evaluation/consult/procedure/follow up at a SIH facility due to needing new referral from an approved provider registered with Impact.	Referral request: ODI
	A: Update Referral	Answered

Distribution: Offender's Medical Record

Printed on Recycled Paper

**DOC 0084 (Eff. 9/2002
(Replaces DC 7147))**

Keith Allen 000231

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

Non-Specific
Discomfort

Offender Information:

Allen
Last NameKeith
First Name

MI

ID#: M21880

Date/Time	Subjective, Objective, Assessment	Plans
11/2/22	8) - Any Allergies None	MD Referral
830A	- Location of pain / discomfort Rt hand / wrist	- Patient presents more than twice at NSC for c/o same discomfort within one month
	- Describe pain Stabbing Throbbing Constant Intermittent Etc. Stabbing, sharp	- Patient presents with signs of acute, severe discomfort
	- Have you had this pain before and how was it treated yes - Soft Brace + MoBic + PT	- Patient has abnormal vital signs
	- Rate pain level scale of 1 - 10 6	
	- Duration of pain 1 yr.	No MD referral
	9) 74 P 80 R 16 B 104 WT 186	- Acetaminophen 325 mg, 1 - 2 tablets t.i.d. PRN X 3 days (18 tablets)
	- Signs of obvious discomfort medial side of palm on Rt hand	- Ibuprofen 200mg 1-2 tabs t.i.d. PRN for 3 days (18 tabs)
	Slightly swollen	Patient Teaching
	- Observations related to body part affected Rt radial pulse present & strong	- Return to see provider if symptoms worsen or interfere with daily functioning
	Cap 70/110 - Rom 110/110 - this	
	nurse can observe grimacing & certain Rom -	
	since warm today. She fell trying to get up	
	on bed & hurt wrist. She continued current	
	brace doesn't provide enough support	
	A) Non-Specific Discomfort	Nurse Signature R. Deo
		Payment Voucher YES NO

#2428

ILLINOIS DEPARTMENT OF CORRECTIONS

Health Status Transfer Summary

Transferring Facility:

Menard Correctional

Center

Individual in Custody Information:

Allen

Last Name

Keith

First Name

MI

ID#: M21830

Date: 10/30/22

Time: 300

a.m. ☒ p.m.Transfer Screening (completed by transferring facility health care staff): ☐ HIV Test & Counseling Offered (only transfers to ATC, parole, release or discharge)Allergies: NoneFood Handler Approved: 6/11/19Current / Acute Conditions / Problems: PainChronic Conditions / Problems: Mental Health

Current Medications (name, dosage, frequency, and duration):

Acute Short-term: Mobic 7.5mg DailyChronic Long-term: QChronic Psychotropic: Cymbalta 30mg HxCurrent Treatments: PTTherapeutic Diets: RegFollow-Up Care: RHCChronic Clinics: QSpecialty Referrals: Derm - R hand pain and SunburnSignificant Medical History: QPhysical Disabilities / Limitations: QAssistive Devices / Prosthetic: Wrist Braces☒ Glasses ☐ Dentures ☐ Hearing AidMental Health Issues: ☐ Hx Suicide Attempt Date: _____☒ Hx Psych Med☐ Hx MPC / STCSubstance Abuse: ☒ Alcohol ☒ DrugsR & C Use Only: ☐ LAB☐ EKG☐ CXR☐ Dental☐ MEDS☐ MH☐ Other: _____☐ Packet Complete

Jeremy Butler, CN2

Health Care Staff and Title

Signature

10/30/22

Date

Reception Screening (completed by receiving facility health care staff):

Facility: _____

Date: _____

Time: _____

☐ a.m.
☐ p.m.

Subjective:

Assessment:

Current Complaint: _____

Current Medications/Treatment: _____

Objective:

Physical Appearance/Behavior: _____

Deformities: Acute/Chronic: _____

T: _____ P: _____ R: _____ B/P: _____

Plan: Disposition:

☐ Health Information Given☐ Emergency Referral: _____☐ Sick Call: Urgent / Routine☐ Medication Evaluation☐ Therapeutic Diet☐ Special Housing☐ Chronic Clinics☐ Work / Program Limitation☐ Specialty Referrals☐ Other (specify): _____☐ Infirmary Placement: _____☐ Other (specify): _____

Printed Name and Title

Signature

Date

☐ For Adult Transition Center transfers ☐ For Electronic Detention/Monitoring:

Mental Health Professional Signature and Title

Date

☐ Approved☐ Denied

Health Care Staff Signature and Title

Date

☐ Approved☐ Denied

#2432

ECH

08

13

ILLINOIS DEPARTMENT OF CORRECTIONS

Outpatient Progress Note

Menard Correctional Center

ALLEN

KEITH

ID#: M21830

Last Name

First Name

10/10/2022 10a	RN/CMT note:	Subjective, Objective, Assessment	Plans
	PLEASE RESPOND TO EACH QUESTION WITH YES OR NO(only if taking vaccine)		
	Have you ever had an allergic reaction to flu vaccine?		Yes ___ No <u>X</u>
	Do you have a history of Guillain-Barre Syndrome: (illness associated with swine flu in 1976 characterized by fever, nerve damage, and muscle weakness)?		Yes ___ No <u>X</u>
	Are you allergic to Thimerosal (a mercury-based preservative)?		Yes ___ No <u>X</u>
	Are you allergic to latex ?		Yes ___ No <u>X</u>
	Do you feel ill today or do you have a fever ?		Yes ___ No <u>X</u>
	Are you currently taking an antibiotic for infection ?		Yes ___ No <u>X</u>
	Are you allergic to eggs ?		Yes ___ No <u>X</u>
	** <u>V</u> I consent to have the vaccine Signature <u>Keith Allen</u> Date <u>10/8/22</u>		
	** ___ I refuse a flu vaccination at this time Signature _____ Date _____		
FOR CLINIC USE ONLY			
	Manufacturer : Flucelvax	Lot# AS1595B	
	Expiration Date : June 30, 2023		
	Site of Injection <u>✓</u> Right ___ Left Deltoid ___ Other ___		
	Signature and Title of Vaccine Administrator <u>[Signature]</u>		

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

Offender Information:

Allen
Last Name

He. Hb
First N

ID#: M21830

[illegible]

Menard Correctional Center

Offender Information:

Allen

Last Name

Keith

First Name _____

M

ID#: M71830

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/200;
(Replaces DC 7147

Keith Allen 000245

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen

Last Name

Keith

First Name

M

ID#: M2183C

Date/Time	RN Note: Subjective, Objective, Assessment	Plans
11/15/22 1120A	S) Medical Furlough Return	P) Follow up with MD/NP in 5 days seen by mtt
12/4 78 70 98%	O) Inmate returned from medical furlough. No complaints voiced.	
18 97%	Ortho Fly Paperwork received and forwarded to Medical Furlough clerk.	
	No paperwork received.	
	A) Medical Furlough Return	Phys m
11/16/22 2:45p	MEDICAL RECORDS NOTE: S. M... SENT P... O... A... P. FORWARDED VOUCHER TO TRUST.	
	45 pages	gBuehner

